

## **Peer Guidance for Participant-Directed Care**

Revised July 2019

### **Definition**

Peer Guidance for Participant-Directed Care prepares and assists capable participants who desire to manage their own personal care. It is information, advice, and encouragement provided by a trained Peer Mentor to help a participant with spinal cord injury, severe physical disability, and/or brain injury in recruiting, training, and supervising primary and back-up attendant care/personal assistance providers and self-advocacy.

The Peer Mentor is a person with a spinal cord injury, severe physical disability, and/or brain injury who successfully lives in the community with a high degree of independence and who directs his or her own personal care needs. The Peer Mentor serves as a role model and shares information and advice from his or her experiences and helps promote independence.

The Peer Mentor will use the “Peer Support Curriculum” from the Shepherd Center in Atlanta, Georgia or other curriculum approved by SCDDSN.

### **Service Unit**

The service unit for Peer Guidance for Participant-Directed Care is one (1) hour.

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

### **Service Limit / Restrictions**

Peer Guidance for Participant-Directed Care is limited to 12 units per calendar year.

### **Providers**

Peer Guidance for Participant-Directed Care must be provided by a DSN Board or other SCDDSN-contracted provider.

The provider is responsible to verify qualifications of the Peer Mentor who directly performs Peer Guidance for Participant-Directed Care.

An individual employed or contracted by the provider as a Peer Mentor must meet the following minimum qualifications:

- Have a spinal cord injury or other severe physical disability and live successfully in the community
- Be at least 18 years old, with sufficient maturity and ability to deal effectively with the job
- Have a high degree of independence and direct his or her own personal care
- Able to read, write, and speak English, as well as communicate effectively
- Free from communicable diseases
- Have never been convicted of a felony
- Be trained/approved by South Carolina Spinal Cord Injury Association or other approved DDSN provider.
- Use the “Peer Support Curriculum” from the Shepherd Center in Atlanta, Georgia and/or other curriculum approved by SCDDSN, as a guide in providing peer guidance to persons with spinal cord injury or severe physical disability and/or brain injury who desire to manage their own personal care needs.

### **Arranging and Authorizing the Service**

If the Waiver Case Manager determines that a participant is in need of and desires Peer Guidance for Participant-Directed Care, this must be clearly documented in the participant’s Support Plan. The Support Plan must indicate the desire and ability of the participant to manage his/her own personal care including recruiting, training and supervising primary and back-up attendants.

When it is determined and documented that Peer Guidance for Participant-Directed Care is needed and desired, the participant’s Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Waiver Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will review the request and the Waiver Case Manager will receive electronic notification if the request has been approved or if additional information is needed.

Upon approval, service information must be entered into the Service Tracking System (STS) by the Waiver Case Manager.

Following Support Plan approval, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

To initiate the service following approval by the Waiver Administration Division, the chosen provider must be authorized using *Authorization for Peer Guidance for Participant-Directed Care Services* (HASCI Form 12O).

*This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver. A copy must be maintained in the participant's file.*

### **Billing**

Peer Guidance for Participant-Directed Care must be Board-billed to the participant's SCDDSN Financial Manager agency.

- The service provider is responsible for maintaining documentation that service was rendered for each unit billed.
- The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.*

### **Monitorship**

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider(s).

Some questions to consider during monitorship include:

- Is the service being provided as authorized?
- Is the participant satisfied with the service and with the chosen provider?
- Does the service need to continue at the level at which it has been authorized?
- How does the participant benefit from the service?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

### **Service Denial, Reduction, Suspension, and Termination**

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

*These can be accessed via the SCDDSN Application Portal>Business Tools>Forms>HASCI Waiver.*

When the action becomes effective, the participant's Support Plan must be updated. In order to update the Support Plan, the Waiver Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will update the Support Plan to reflect the change in the service and will reconcile the waiver budget accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.